



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed

Date Filed: 06/02/2004

Business ID: 443679

William M. Gardner

Secretary of State

TELEQUIP CORPORATION

5 INDUSTRIAL WAY
SALEM, NH 03079

ADDRESS OF PRINCIPAL OFFICE:

5 INDUSTRIAL WAY
SALEM, NH 03079

REGISTERED AGENT AND OFFICE:

CT CORPORATION SYSTEM
9 CAPITOL STREET
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 443679

STATE OF DOMICILE: DELAWARE

FEDERAL ID:

THE DESIGN, MANUFACTURE, SALE AND DISTRIBUTION OF COIN
DISPENSERS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address _____
- ☐ The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES PAUL O. STUMP
STREET 5 INDUSTRIAL WAY
CITY/STATE/ZIP SALEM, NH 03079

TREAS ALAN J. BURT
STREET 5 INDUSTRIAL WAY
CITY/STATE/ZIP SALEM, NH 03049

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME PAUL O. STUMP
STREET 5 INDUSTRIAL WAY
CITY/STATE/ZIP SALEM, NH 03079

NAME ALAN J. BURT
STREET 5 INDUSTRIAL WAY
CITY/STATE/ZIP SALEM, NH 03049

NAME JEFFREY D. GILLERT
STREET ONE PARK CIRCLE
CITY/STATE/ZIP N. HAMPTON, NH 03862

NAME MICHAEL F. JONES
STREET 522 AMHERST STREET
CITY/STATE/ZIP NASHUA, NH 03063

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, Director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: ALAN J. BURT

Please print name and title of signer: ALAN J. BURT / TREASURER

NAME TITLE

REPORT FEE IS: \$150.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

2004 ANNUAL REGISTRATION REPORT

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

DIRECTOR

MILTON C. LAUENSTEIN
90 HESPERUS AVE
GLOUCESTER, MA 01930

DIRECTOR

JOHN J. LYNCH
121 DAWSON DRIVE
NEEDHAM, MA 02492

DIRECTOR

DAVID STEADMAN
PO BOX 10670
BEDFORD, NH 03031